



# City of Tennille

Downtown Development Authority

## BUSINESS CLOSURE NOTIFICATION FORM

Completion and submission of this form will close the business account with the City of Tennille. If you choose to open any type of business in the future, a **new** Occupational Tax Certificate will be required.

**\*If the business will no longer operate for the current year, complete the bottom portion of this form and return to City Hall for processing.**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
City State Zip Code

Business Owner: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Last date of operation: \_\_\_\_\_

**\*If the business moved location to another city/county, please provide the name of the city/county:**

Name of City/County: \_\_\_\_\_

By my signature affixed hereto, I do solemnly affirm that the information submitted in this form is true and complete:

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Tax and License Representative: \_\_\_\_\_ Date: \_\_\_\_\_